

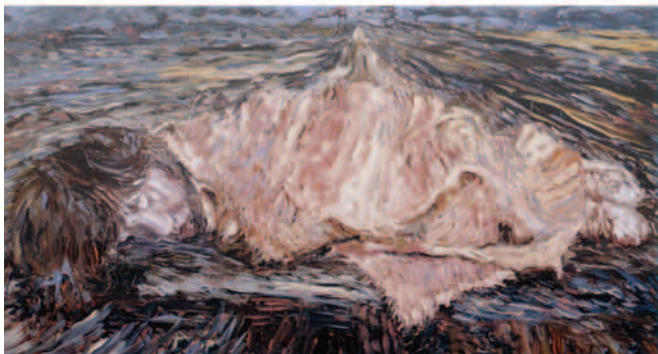
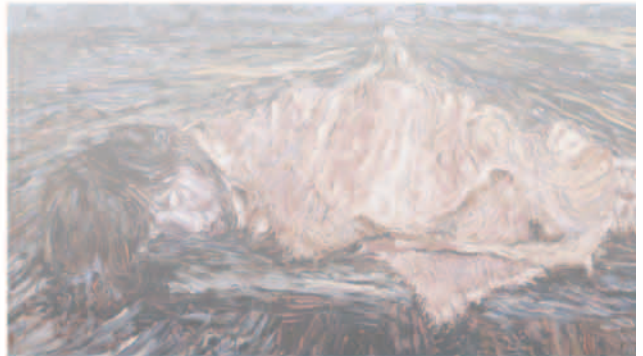
# THE SAN FRANCISCO PLAN TO ABOLISH CHRONIC HOMELESSNESS



Marco Sassone, Home on the Streets, 1994 Oil on Canvas, 100 x 70in



# **The San Francisco Plan To Abolish Chronic Homelessness**



---

### **Foster Care Discharge**

Foster Care Discharge is a homelessness prevention strategy. A 1994 study indicated that 39% of chronically homeless adults in Minnesota were in foster or institutional care as children.

The State of California, which is responsible for removing children from their families, must also be held responsible for discharging these children to positive outcomes. In the next few years there will be a huge spike in the number of foster youth emancipating from the system, due to the large number of babies who were put into foster care at birth in the 1980's. According to DHS statistics, over the next seven years 774 youth will age out of the foster care system, at a rate of between 100 and 175 youth a year

The Ten Year Council recommends that a direct linkage be established between youth services and homeless services in order to better prepare for, and deliver services to, these emancipated youths toward the end of preventing chronic homelessness.

San Francisco should establish 150 new housing slots for former foster and homeless youth. This housing should be multileveled housing with a range of options including: scattered site housing, transitional/permanent housing, independent congregate living, and 100 units of permanent supportive housing.

This housing stock should come online rapidly to respond to the spike in the number of youth who will be exiting the foster care system in the next four years, and subside after the spike has ended. To begin, 60% of this housing should be allocated to former foster care youth, with the remaining allocated to homeless youth. Mechanisms should be put in place to determine at the end of the year if the allocations should change. For example, if less foster youth need housing the allocation could change to 50% for the next year. First year operating and services costs for 50 units are estimated to be \$1.2 million. The budget for subsequent years is \$840,000, assuming 25 units each year until the goal of 150 units is met. Total cost for the recommendation is \$4.56 million total over five years

### **Homeless Veterans**

San Francisco's homeless veteran population is estimated to number 3,000 individuals. An estimated 10% to 12% (300 to 360 individuals) of these are chronically homeless. San Francisco currently has only 100 veteran-specific Supportive Housing units.

There are insufficient referral destinations within the VA system and elsewhere for homeless veterans being discharged from acute care at the VA Medical Center. Veterans have difficulty accessing local Substance Abuse and Mental Health facilities due to the perception that they can get these needs met through the VA.

---

Studies of veterans receiving medical care at V.A. facilities have shown that a large percentage has co-occurring mental health issues, and has never received treatment for them. Rather, the V.A. has reduced its spending for mental health and addiction services by 8% over the past seven years, and by 25% when adjusted for inflation, and has not counteracted these cuts with complementary increases in community care.

The Ten Year Council recommends:

**Identify veterans at all homeless service and mainstream health providers in order to connect them to veteran specific services. There should be no "wrong door."**

Increase the VA's domiciliary capacity in San Francisco should be increased to allow stable housing and care while longer term housing assistance and or placement is identified and obtained. The VA has responsibility for this item, it should be instituted immediately, and there is no direct cost to the city..

**Housing options must be increased for veterans.**

San Francisco must increase the number of veteran-specific permanent supportive housing units. This priority should commence immediately. Costs for property conversion and supportive services should be included in the Permanent Supportive Housing budget.

**Integration of Mental Health and Substance Abuse Treatment**

Epidemiological studies suggest that two-thirds of chronically homeless adults meet criteria for substance dependence and approximately 25% meet criteria for chronic mental illness. These studies as noted also noted a substantial overlap between these two disorders. 77% of those with chronic mental illness were also chronic substance abusers and 55% -69% of substance abusers also suffer from mental illness. The net result is that the majority of the chronically homeless suffers from mental illness and substance abuse, and has a "dual diagnosis".

Currently, two distinct systems of care exist, the mental health treatment system and substance abuse treatment system. These systems of care often work in contradictory manners. This leaves patients suffering from a dual diagnosis to maneuver their way through two complex and disconnected systems of care.

Dr. Barbara Havassy's research argues that more African Americans enter the system through drug rehab and more Caucasians enter through mental health. Those who enter through mental health are more able to access services than those who enter through drug rehab; however, these people have the same co-morbid diagnosis.

There must be a wholesale rethinking of how services for people suffering from mental illness and substance abuse are organized and delivered. That is, there should be one system of care. All clinical sites in this "new" mental health/substance abuse treatment system should be competent to address a patient's mental health and substance abuse problems simultaneously.